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ABSTRACT

Described is Project Normalization, a 3-year demonstration project funded by the Canadian government to develop appropriate housing and supportive community services for severely physically disabled adults. Reviewed are the project's short term efforts to arrange for housing adaptation and community resources, as well as long term goals of policy changes ensuring integrated housing systems. Among other activities said to promote the integrated housing concept throughout Quebec and Canada are the establishment of a nonprofit corporation for housing, and the Convening of a Conference on accommodations and services. Also reported are results of a followup study of 23 severely disabled (quadriplegic) in integrated housing. (CL)

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PROJET · PILOTE
NORMALISATION DE LA VIE
DES HANDICAPÉS PHYSIQUES

SOCIAL CHANGE THROUGH INTEGRATED HOUSING

Final report of
Demonstration Project
Welfare Grants Directorate
Health and Welfare Canada

Patricia Falta, M. Arch.
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French translation by
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PREFACE

Projet Pilote - Normalisation de la Vie des Handicapés Physiques (PN) was conceived by a team of two paraplegic persons who worked in collaboration with the Canadian Paraplegic Association - Quebec Division and the Maison Lucie Bruneau. Their goal was to improve the well-being of severely physically disabled persons through the development of appropriate resources so that such persons could enjoy a "normal" independent life-style integrated within the community. They sought to implement a concept that would provide a better alternative to institutional or group-home living, which, at best, are only partially adequate in human terms and are very costly to support in economic terms.

The PN team sought to demonstrate that it is feasible and valid for severely disabled persons such as quadriplegics to live in the community according to their own choices and desires. This option offers a means for disabled persons to have the opportunity to be treated as equal first-class citizens who have access to the same type of resources that able-bodied persons use.

Basing its concept on "the principles of normalization in human services" ennunciated by Wolf Wolfensburger in 1972, PN has worked towards the eventual elimination of most of the parallel and separate systems and resources that serve the segregated 'handicapped' population, and which discriminate against them, stigmatize them and treat them as "a breed apart". Since the prevailing social structures dealing with the 'handicapped' generally have a negative, inhumane and counter-productive orientation, PN used the vehicle of a demonstration project to try to alter both the existing attitudes

and the systems that support them, and to spread not only the concept of integration through housing, but also the methodology, within Quebec and throughout Canada.

PN wished to find an answer that repudiated the short-term solutions that are usually used as palliatives for the housing problems of disabled persons, and to expand the parameters of the existing resource-delivery systems so that they would cater equally to the physically handicapped, with appropriate allowances and modifications to allow for physical limitations where necessary.

PN would like to thank a great many people who have made this work possible, meaningful and effective. Foremost, to the Welfare Grants Directorate of Health and Welfare Canada, particularly to Miss Francine Arès who had faith in the idea and the persons behind the idea; to the Canadian Paraplegic Association - Quebec Division who kindly administered the project through its three-year duration; and to the Maison Lucie Bruneau who generously provided office space and support.

Without any order of priority, we would like to thank Mme P.Bourassa, MM Pierre Guertin, Robert Chagnon, Yvan Ferland, Gaston Zaloum, Jacques Harvey, Jean-Jacques Laberge, Luc Filiatrault, Hervé Gaignard, Maurice Roy, Serge Carreau, Donald Bouffard, Claude Garcia, Noel Mainguy, Tony Shorgan, along with others too numerous to mention.

Finally, warm thanks to Margaret Golds for her unique participation, and to Michele Tellier Boyer for her daily presence and undertaking of the translation and secretarial work.

Ghislain Cayouette
Patricia Falta
Montreal, July 31, 1977

BIOGRAPHICAL NOTES

Patricia Falta, B. Architecture, M. Architecture, a paraplegic, is specialized in housing and environmental design for programs and facilities for the handicapped population. In 1975 she was honoured as "woman of achievement" for her work in promoting the integration aspirations of disabled persons in today's society. Ms. Falta has published the study "Integrated Housing for the Severely Physically Disabled", was editor of the Quebec Task Force report on "Accommodations and Services for Physically Disabled Persons", and has written various articles for Habitat of the Central Mortgage and Housing Corporation, Housing and People of the Canadian Council on Social Development, and the Rehabilitation Digest of the Canadian Rehabilitation Council for the Disabled. She has been featured in the films "Walk a While in my Shoes" produced by the Transportation Developmental Agency of Canada, and "Les Barrières Architecturales" by the Quebec Ministry of Education.

For the past four years, Ms. Falta has been particularly involved in the research and development of integrated housing for physically disabled persons, and is a member of the National Research Council of Canada "Committee on Building Standards for the Handicapped", of the Montreal Urban Community "Coordinating Committee for the Handicapped" and of the Board of Directors of the Canadian Paraplegic Association - Quebec Division. She is a professor in architecture and industrial design at the Faculté de l'Aménagement, Université de Montréal, and has lectured on the topics of barrier-free environment, normalization of handicapped individuals and socio-physical integration at professional conferences, university seminars, private and public meetings, and on television documentaries.

Ghislain Cayouette, administrateur diplomé, a paraplegic, has worked in the field of rehabilitation and integration of handicapped persons for the past 12 years. He has been deeply involved in developing resources for education, training, employment, sports, services and housing for the physically disabled population of Quebec. He was with the Canadian Paraplegic Association - Quebec Division as counsellor, treasurer and administrator, and with the Fondation Lucie Bruneau as director of marketing for the sheltered rehabilitation workshop. Mr. Cayouette was vice-chairman of the Canadian Wheelchair Sports Association, and has worked on the promotion of sports for the disabled. He has also been featured in the film "Les Barrières Architecturales" produced by the Quebec Ministry of Education.

For the past four years, Mr. Cayouette worked on developing integrated housing for severely physically disabled persons, was chairman of the Quebec Task Force on "Accommodation and Services for Physically Disabled Persons", and is a member of the National Housing Committee of the Canadian Rehabilitation Council for the Disabled. He has been on the Board of Directors of the "Comité de Liaison des Handicapés de Québec", and a member of the Montreal Urban Community "Coordinating Committee for the Handicapped".

Margaret Golds, B. Arts in psychology, M. Social Work in social policy and administration, has done community liaison with families in rural areas, and more recently is identifying needs and developing programs for geriatric patients at an inner city teaching hospital. She is deeply involved with the problems of stigmatized, marginalized citizens, and fully comprehends the interveawing dimensions of normalization and social integration of the handicapped population.

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CHAPTER 1 - AFFECTING SOCIAL CHANGE

1.1 Introduction

In 1973, Ghislain Caycuette and Patricia Falta (later the PN team) became acquainted with a housing and support service system — FOKUS — which was operating successfully in Sweden to provide independent living and community integration for severely physically disabled adults. They felt that Canada needed a similar system to provide an 'integrated' life-style to persons who, despite a severe physical disability, had the mental capacity and emotional need to live as 'normal' a life as possible.

The model of "integrated housing" is based on the psycho-social premise that disabled individuals, like all other persons, have the desire and potential for independence and productive living if they are given the opportunity to be 'masters of their own fate'. This implies that they should have the right to the same types of freedoms that other persons take for granted: freedom of choice regarding their life-style (with whom, where and how they want to live), how they wish to develop emotionally and intellectually, and how they can increase their abilities and confidence to achieve self-determination and self-sufficiency to as high a degree as possible.(1)

The system requirements which define the "integrated housing" model consist of two components:

a) the provision of individual wheelchair-adapted apartment units in standard housing projects, supplemented by accessibility to all the public areas and facilities in the housing project;

b) the availability of home-care support services that offer physical assistance, housekeeping, orderly and nursing help on a visit basis when required.

Because disabled persons tend to be near the bottom of the economic scale, both the housing and the home services need to have government subsidies. Nevertheless, the estimated costs to government are between one-third to two-thirds less than the cost of institutionalization. Studies have also shown that disabled individuals who lead a "normal" life require less physical and mental health care than those who remain in a custodial circumstance, and that many of them become productive tax-payers instead of being welfare recipients.

As a first step towards establishing "integrated housing" in Canada, Cayouette & Falta received a Part V Research Grant from the Central Mortgage and Housing Corporation, Ottawa, to undertake a feasibility study regarding the possibility of implementing the FOKUS model in Quebec.(2) During the nine-month study, it became evident that though the concept was avant-gardiste in the Canadian socio-cultural context, it was nevertheless enthusiastically received not only by the disabled persons, but also by the government officials who were consulted. An equally important finding was that government structures already in existence could adequately incorporate within their regular resource-delivery systems the additional resources necessary for integrated apartment living and support services.

As a second step, Cayouette & Falta sought to implement a viable model in the existing Quebec context that would create the resources for integrated housing and implant them permanently into the existing systems. They had to prove that integrated housing could be organized

and be functional in Montreal, in order to gain first-hand experience of the processes of implementation and to provide an opportunity for realistic evaluation and reaction to "normalized" living in an integrated setting. Through these means they hoped to bring about social change that would eventually have wide-ranging implications.

Thus Projet Normalisation (PN) was born, a three-year demonstration project funded by Health and Welfare Canada, operating from August 1974 to July 1977.

1.2 The demonstration process

The PN team found that a pilote demonstration project, with the objective of demonstrating the viability of a concept is an excellent vehicle for approaching people and asking them to reconsider outmoded methods based on old myths and negative attitudes. The first year was spent almost totally in meeting people that would be instrumental in providing resources for "integrated housing", explaining over and over again the philosophy and the principles of normalization and integration, and presenting the beneficial qualities which such a program would engender.

We were really asking people to adopt a more contemporary attitude regarding the medical situation, socio-psychological needs, cultural aspirations and economic prospects of the disabled population.

There was a need to persuade the decision-makers about the fact that severely physically disabled persons could live more independently

and responsibly than they were generally allowed to, as well as the well-meaning 'protectors' of the disabled who also tend to underestimate their 'protegées''will-power and abilities. The individuals who eventually helped us had to accept at least our conviction and trust that disabled people are willing and able to rise to the challenges and risks of a "normal" life-style, and that they would be able to cope, with some essential assistance when necessary, to a far greater extent than was usually credited.

A valuable aspect of the demonstration project is that one can ask people for help in testing out a new idea, without necessarily asking them to commit themselves wholeheartedly to the concept. We had to convince individuals to give our integrated concept a try, to help us organize the necessary components, so that we could test and evaluate it. This method allows a flexible approach that leaves room for alterations, re-evaluation and even error. We have found that continual personal contact, with quiet persuasion, paid off in positive results.

Before serious negotiation and concrete action can take place, the persons advocating the new concept have to gain the credibility that will gain them cooperation and help. In addition to the personal approach mentioned, it is necessary to prove that one has good knowledge of government processes, legislations and existing systems, and is willing to manouever within the structures and limitations that these present.

One must also work with a professional approach that is cool, calm and persistent, understanding and accepting the other side's problems and constraints, searching for mutual solutions and finding

acceptable compromises. No matter what obstacles may be encountered, it is essential to keep the long-term objectives in perspective, and not be unduly discouraged or side-tracked by temporary postponements or set-backs. All the components of the solution need to be developed simultaneously, so that if one component is delayed, the others can still be advanced and some progress continually made.

In order to move action along, it was found useful to help each office or agency involved define the detailed resource requirements which we were seeking, in order of priority, so that they could advance toward the solution one step at a time. Every step taken thereupon has a period during which it is experienced and evaluated; the next action is based on the satisfactory acceptance of the preceding one. This creates a non-threatening and non-disruptive process of gradual development of the resources required, a process that is integrated into the existing delivery system and which consequently will have an on-going existence.

It bears repeating that throughout this process the proponents must have a strong conviction of their mission, and that through their own motivation they must have the ability to involve other people.

As the concept spreads, is evaluated, and becomes accepted by a few, that second front of persons eventually make the concept their mission, and so on down the line until it becomes an inseparable part of the social system.

1.3 The first results

For purposes of studying the effects and costs of an integrated life-style, the demonstration project was particularly oriented toward the younger severely disabled population, specifically quadriplegics between the ages of 18-45 years who have long, potentially useful and fulfilling lives ahead of them. Focusing on this group did not mean to exclude other age or disability ranges from the benefits of integration, but a target group had to be chosen for the evaluation research which had to define a concise category for the client and control groups. In actual fact many other disabled persons have been integrated during the three years of the project, and eventually disabled persons of all ages and disabilities will benefit.

The second year of operation was spent in specific negotiations which brought the first concrete results. These consisted of:

a) assurance of a regular provision of some handicap-adapted apartment units;
b) formation of a committee for tenant selection;
c) receipt of a temporary mandate and subsidy for provision of home support services.

The first quadriplegic clients were integrated in independent apartments in several social housing projects in Montreal, and were provided with initial home furnishings as well as on-going home-care assistance.

Though disabled welcomed the concept from the outset, nevertheless they often doubted whether they could achieve the degree of self-

responsibility and independence which was necessary. They were uncertain of their capacities and strengths, and fearful that they would not be able to manage in either the physical, emotional or economic aspect. They have all been able to make it successfully... and more on that later!

1.4 Broader context for normalization

The initial implementation enabled the continuation and expansion of the project operations in the third and final year. It encouraged the PN team to solidy the accomplishments to-date, and on the basis of positive initial evaluations to seek a more permanent status for the system extensions which had been made. This was to assure that integrated housing resources would be available in the future to all disabled residents in Quebec, and hopefully would influence the developments taking place elsewhere in Canada.

Towards these ends, successful negotiations were concluded with the Quebec Housing Corporation regarding new functionality standards that require handicap-adapted units in all new social housing in the province. Negotiations were also undertaken, and are on-going, with the Centres Locaux de Services Communautaires which have the long-term mandate of the Ministry of Social Affairs to provide home-care services for disabled and elderly persons living in the community.

Both these important long-range agreements were accomplished with the welcome collaboration of new advocates whom the PN team had attracted to its side: men and women who helped establish the project

objectives on a small scale at the beginning, and with time became increasingly convinced of the validity and functionality of integration. These specialists, highly respected in their various fields, have become strong advocates of the principles, and have supported and defended the resource development and expansion that was necessary for the large-scale permanent implantation of the normalization process of disabled individuals. In our continually evolving social system, they have become convincing spokespersons for the handicapped minority.

What has been accomplished in general terms is that the consciousness has been raised, not only of the politicians and civil servants, but also of the public at large. All are gradually awakening to the reality of disabled persons as self-determining individuals, not as invalids.

The awareness promotion has been carried to the wider public through newspaper and magazine articles(3), television interviews and documentaries, and professional lectures and conferences(4). These have all increased knowledge and focused a clearer light on the situation of disabled individuals in contemporary society, and have influenced to a considerable but undeterminate degree the success of the specific objectives of Projet Normalisation. Deep and flourishing roots have been laid for the continuation of these endeavours.

CHAPTER 2 - SHORT-TERM IMPLEMENTATION

2.1 Interim solutions

The specific objective of Projet Normalisation was to demonstrate that it is possible and desirable for severely physically disabled persons such as quadriplegics to live safely and effectively in a non-institutional environment. In order to be able to experience and test this situation, it was necessary to organize the resource components required for this at whatever small, initial scale they could be had. Independent adapted dwelling units and the supplementary at-home services had to be obtained so that a start could be made towards implementing the concept.

Though the feasibility study had proposed an ideal model for organizing adapted apartment units and support services, in the reality of 1974 it quickly became obvious that the ideal solution could not yet be implemented. Nevertheless, to start opening doors for the eventual development of the appropriate resources, the PN team chose to be flexible in its approach and resource definition, and to seek intermediate solutions which could be made available at that time. This proved a correct decision, because the use of temporary, halfway measures hastened the demonstration of over-all profitability of integrated living. As long as the major goals of the ultimate resource development were not lost in the process, the interim solutions proved valuable and advantageous for gaining credibility and a stronger foothold for the normalization process.

2.2 Adapted apartment units from Office Municipal d'Habitation de Montreal (OMHM)

In the course of the original feasibility study, PN had approached the OMHM about the possibility of including some handicap-adapted dwelling units in the government-subsidized social housing which is built in Montreal and administered by them. Unfortunately, the preferred form of public family-housing in Montreal is not easily wheelchair-accessible because usually it consists of two or three-floor walk-up buildings. However, the public housing built for independent senior citizens can be made easily accessible because it is in the form of elevator-equipped high-rise buildings of seven to nine storeys.

Though the placement of young disabled adults in senior citizens' housing was not an ideal integrated solution, it was nevertheless welcomed because it opened up a source of potential housing for disabled persons, and in the short-term offered units which could be readily available, at an affordable rent.

On the basis that this would be a pilot experiment for them, OMHM accepted the idea of integrating handicapped persons into their high-rise housing, provided that they would have no responsibility for the personal services required to supplement the dwelling component. They offered to adapt one unit per floor for handicap-functionality in the senior citizens' buildings which were planned at the time. OMHM also agreed to waive the "age" and "territoriality" clauses affecting future disabled tenants, but retained the other criteria related to tenant applications for social housing.

A year later the reality of integrated housing took form when seven apartments for young handicapped adults became available at Habitation Mayfair. The rent for the apartments is calculated on a scale that is geared to income, and only low-income citizens can qualify. This initial integration of disabled individuals into social housing, and the genuine cooperation of the OMHM, was welcomed as a breakthrough in Montreal.

Since this was a 'first' for OMHM, they had no experience with disabled individuals and were justifiably apprehensive about the appropriateness of the disabled tenants they might choose. For their protection, and equally so for the better success of the experiment, they requested that agencies working on behalf of the disabled prepare an initial evaluation and pre-select the potential clientelle from which they would make their final choice.

Thus PN contacted representatives from six major agencies serving the disabled, and a Joint Committee for the selection of candidates was formed(5). The agencies sponsor housing applications of clients whom they serve and provide follow-up counselling when necessary. The committee pre-evaluates candidates according to prescribed selection criteria and priorities, and recommends them to OMHM for final consideration.

The secretariat of the committee is at Maison Lucie Bruneau, and the process functions effectively, providing a fair opportunity for all disabled individuals in Montreal to have agency support, special considerations for social housing applications, and even follow-up support. OMHM is well-satisfied with the system, because it enables them to eliminate mistakes and avoid problems.

2.3 Home services from the Maison Lucie Bruneau

The concept of "integrated housing" has always kept the housing component separate from the complementary at-home personal assistance that is required by the disabled tenants. As it was conceived, each of these is provided independantly by the appropriate government department, and administered separately, even though the two correlate and are mutually supportive.

In 1972 the new health services delivery act legislated in Quebec provided for categories of "centers" which were mandated to deliver different types of health and social services to all citizens in the province. It was programmed that eventually the "Centres Locaux de Services Communautaires" (CLSC) would take on the function of providing home care to disabled and elderly persons. But by 1974 the centers were not yet fully operational, and could not realistically be approached with the problem of service support for integrated living. Therefore PN was obliged to seek a temporary service-delivery solution elsewhere in order to be able to proceed with the demonstration.

Montreal is fortunate in having a special facility for physically disabled persons - the Maison Lucie Bruneau (MLB) - which is a residential institution classified as a "reception center" and oriented toward psycho-social rehabilitation and economic re-integration of disabled individuals into society. Because the integrated living concept is in line with their broad progressive objectives, PN approached the directors with the proposal that they extend their integration program and provide home support services to individuals who are ready to live independently outside of an institution.

Thereupon the MLB, collaborating with PN, requested and received a mandate from the Ministry of Social Affairs (MAS) to provide at-home personal assistance and housekeeping to disabled persons living in social housing in Montreal.(6) The mandate further provided for basic initial furnishings to all individuals who were setting up new, independent households in integrated apartments. If the residents remain there for two years, the furniture becomes their permanent property.

Since the MLB did not have sufficient service personnel available on staff, it chose to contract out the actual services to an existing private agency which has experience in this work. The service component was thus immediately and efficiently operational, on call whenever necessary. Each individual fills out a service-order form for a two-week period, based on individual needs and time schedules, and these services are programmed accordingly by the MLB. The service-on-demand is available not only to the target group of quadriplegics for whom it was originally conceived, but to all disabled tenants in social housing who require some form of assistance.

In conjunction with the Joint Committee for selection of candidatures, the MLB secretariat has been effective in processing applications, screening candidates for tenancy, organizing the services and keeping a good liaison with the many groups and individuals who are involved. The MLB also provides follow-up counselling to the quadriplegic clients which PN has specifically integrated, and will continue to do so in the future.

2.4 Project evaluation and clientelle

Because PN is a "demonstration" project under the regulations of the Welfare Grants Directorate, from its beginning an evaluation component has been included with it. A comprehensive evaluation program was prepared, focusing on a) clients, b) programme and c) goals.(7) An external social program evaluator was attached to the team on a part-time basis, under the supervision of an HWC evaluation consultant.(8) All the individual steps and actions taken toward development of awareness and implementation of concept have been recorded in terms of efforts and effects, and several interim reports evaluating the progress of PN have been prepared.(9)

For purposes of a viable demonstration and adequate evaluation of the possibilities and significance of integration, it was stipulated that 30 quadriplegic individuals between 18-45 years of age would be integrated within the three-year period. Quadriplegic clients were first selected from the files of the Canadian Paraplegic Association, and in March 1975 an initial selection of 58 persons was made in conjunction with their counsellors. This group was contacted by mail, and 28 of them were subsequently interviewed as potential candidates.

A social worker specializing in paraplegic and quadriplegic clients(10) and the external social program evaluator attached to PN made thorough assessments and identified 23 potential residents. As units became available, clients were selected on a random basis as far as possible to move into integrated housing. Individuals who were not selected, or who waited for future availability of units, comprised the control group. An additional 60 or so candidates were evaluated

and placed in integrated housing settings by the permanent selection committee which had been organized during the course of the project.

The PN evaluator has been following the progress of the original integrated clients, as well as of the non-integrated control group, and monitoring them regularly. A final re-evaluation of the integrated and control group has been made for the termination of the project, using questionnaires and personal interviews. The effects of integration are documented in a final Evaluation Report, July 1977, which is submitted in conjunction with the present one.(see pp. 39-53.)

CHAPTER 3 - LONG-TERM IMPLEMENTATION

3.1 Thrust towards policies for integration

The long-term objectives of implementing "integrated housing" were to implant the resources necessary for independent living for disabled persons into the appropriate government systems which serve the whole population, and thereby to ensure a normal and continual delivery. The existing systems were required to expand and incorporate into their regular operations the additional needs of the handicapped citizens.

This aspect of the demonstration project was in fact the more essential, because its permanent purpose was to broaden the scope for normalization and integration. It would enable the disabled population to be socially independent and equal in the future, irrespective of the nature of their physical impairement.

Therefore, simultaneously with the short-term efforts to arrange for immediate units, support services and client selection, the PN team undertook negotiations to expand the horizons of implementation past the specific demonstration of feasibility. Promotion of the philosophy and request for trust in the concept were expanded to a larger circle, and the implantation which we sought was consolidated in terms of permanent policies and standards.

3.2 Policy for handicapped housing at OMHM

After the first successful efforts of integrated apartments at Habi-

tation Mayfair and subsequently at Berri-Lajeunesse, OMHM adopted the firm policy of providing handicap-adapted units in all upcoming senior citizen housing. They projected that 83 units would become available by the end of 1977(11), of which 75 units in nine projects have been occupied by July 1977.

OMHM realizes that to provide a greater choice of apartment units (two and three-bedroom availability), they need to incorporate handicap-adapted units into their family housing. To-date, they have been able to provide two such apartments, and more are planned for the future, wherever the fundamental design layout allows.

The design specifications for handicap accessible-and-functional units have been kept to a minimum(12). This is done in order to avoid numerous specialized modifications which would demand greater design expertise and could also increase building costs. The adapted units are therefore very similar to the non-adapted ones, and have no major layout or equipment changes. They can be used equally well by the able-bodied, and nothing visibly obvious differentiates them from the rest.

The fact that only the most necessary, simple modifications are incorporated into the units is also a healthy and desirable factor in terms of the "normalization" objectives of the tenants. It enables the disabled occupants to learn to function in an almost standard dwelling unit, and to develop individual physical manouvers and coping mechanisms to expand their independent functioning. These habits further enable them to adapt to and function in other environments which have minimal adaptations. The design considerations are oriented toward the removal of architectural and equipment barriers, with very few extras added.

The PN team have consulted with the different architects responsible for the designs, and have made suggestions regarding detailing of handicap-adapted units. They have reviewed each building after it was occupied, to check on all functionality details and make alteration recommendations when necessary. OMHM can thus improve its handicap-design expertise, and it is hoped that with time, error-free handicap-functional housing will be built.

This sequential monitoring also provides for deeper research into the actual, realistic housing design requirements for wheelchair users, for it refines knowledge of the subtle requirements which wheelchair users have in coping with the activities of daily living in their private environment. The goal is to eliminate all barriers to independent functioning, without creating excessive or inappropriate design specifications which may be useless, non-normalizing and unnecessarily costly.

3.3 Experience with CMHC-owned housing

Since the PN team was not content with the present availability of adapted units only in senior citizen housing, they sought to obtain immediate units in family housing as well. They also wanted to involve the Central Mortgage and Housing Corporation (CMHC), the federal body which has jurisdiction over much of the multi-family housing built in Canada.

In july 1975, CMHC had issued amendments to its residential building standards that apply to all housing financed or mortgage-insured by them. The new standards require that wheelchair accessibility be

provided to all public areas of elevator-equipped apartment buildings, but do not incorporate the provision for handicap-adapted dwellings. Perhaps at the time CMHC considered these appropriate only for semi-segregated environments, and associated their design specifications with high cost.

PN rejected these outmoded premises, and convinced CMHC to cooperate with the demonstration project and provide some adapted units in family housing, as a pilot experience of their own. Since CMHC owns and administers over 8000 dwelling units in Montreal, they agreed to modify about ten units for handicap-functionality in an appropriately accessible family housing project.

Here again PN provided definite alteration guidelines for access modifications outside and within the apartments. Minimal modifications were carried out, mainly the removal of barriers, and they have been sufficient for the independent functioning of quadriplegic tenants.

The collaboration has worked adequately, but will not be continued in this form in the future, since major CMHC policy, as encompassed in the National Housing Act, is to define and administer programs for development of appropriate housing, and to supply the necessary funds or insure mortgages, but not to be involved in housing provision itself.

Nevertheless, as a result of the experience, CMHC is much more aware of the principles and design requirements of "normalized" housing. They realize that such a housing option is essential in Canada, and they can incorporate design and provision requirements into the pro-

grams and standards which they adopt. Thus the limited experience in Montreal will have a positive effect on the methods which CMHC will use to integrate the housing needs of the disabled population into their policies and promotions.

3.4 Handicap design standards at the Quebec Housing Corporation

The major thrust for long-term implementation of adapted housing was oriented towards the Quebec Housing Corporation (QHC) which is the provincial agency directly responsible for planning and financing all subsidized social housing. Already during the feasibility study, PN had approached the QHC, explained the normalization philosophy and the integrated housing concept, and asked for their involvement in making it a reality.

The concept of non-institutional housing for severely physically disabled individuals seemed a daring idea and an almost impossible feat to QHC officials. In order to reassure them, PN asked officials at MAS (with which they were also conducting long-range negotiations) to support the cause of integration and assure QHC that MAS would collaborate and provide support services for integrated housing in the future[13]. This was an important endorsement, because it made the attainment of separate dwelling and service components quite feasible.

In spring 1976, the QHC presented a draft proposal for "functionality standards" to be applicable to all social housing in Quebec[14]. The standards provided for handicap-adapted units in both family and senior citizen low-income housing, but limited such units to

the ground floor location only. This was prescribed in order that wheelchair users would be assured a safe and independent evacuation in case of smoke and fire emergency.

Though the rationale behind the standard was well-intentioned, the ground floor restriction was contrary to the long-range integration goals of the disabled population. There was an underlying danger that an undesirable precedent might be set which would be followed in other types of housing. PN sought an amendment to the proposed standards to allow adapted units on all elevator-accessible floors.

An extended period of negotiations ensued with QHC, during which PN used as an example the integrated housing which was operating successfully in high-rise buildings in Montreal. OMHM provided endorsement that the location of one adapted unit per floor was acceptable to planners, architects, permit department, fire department and all. PN received support from the Montreal Housing and Urban Planning Service, upholding the safety of dispersed integrated dwelling units. MAS also added support by defending the normalization principles and encouraging government departments to develop policies and regulations that would confirm these principles.

The final debate on the issue brought together representatives of the QHC, the Labour ministry, MAS and the proponents of integrated housing. While safety precautions are important considerations, it was stressed that even stronger ones are the freedoms of movement and choice that adapted integrated housing should offer. These freedoms are deemed desirable even at the cost of increasing some safety risks which disabled individuals usually are willing to take upon themselves in exchange for an expanded field of action that is opened

to them. A question of morality is involved — whether protecting the disabled, and over-protecting them almost against themselves, is justifiable and humanly right if it implies limiting their freedom and restricting the locations open to them.

The result of the debate was a compromise solution which was satisfactory to all parties, and which will assure evacuation safety for all disabled tenants while providing for dispersion of adapted units within the building.(15) Handicap-adapted units are to be provided on the higher floors up to a level to which the fire equipment of any given municipality can reach, so that disabled persons can be rescued by firemen from the accessible balconies of their units.

Since these amended standards will be respected in all future social housing in Quebec, disabled individuals, couples and families should be able soon to obtain integrated units at an affordable rent, throughout the province. The existing housing delivery system has thus been expanded to incorporate the needs of disabled citizens.

3.5 Service policy at MAS and delivery at the community level

During the feasibility study, PN contacted representatives of the planning and programming directorates of the Quebec Ministry of Social Affairs (MAS) to explain the possible normalization implementation through integrated housing. The officers acknowledge the need for greater integration policies, and showed enthusiasm for the program. They promised general support, but at the time little could be done to implement the service delivery at community level.

Later, when PN advanced the idea of an interim collaboration with the MLB for service delivery to be a pilot experience of home support for severely physically disabled adults, MAS responded very positively. It gave MLB a temporary mandate and grant to provide necessary services to all disabled tenants in social housing, until such time as the CLSC's would gradually take over the responsibility.

An additional problem encountered by individuals moving to new households from an institution is the need for basic furnishing and housekeeping equipment. Again, presentations were made to various MAS officials regarding this need, and after due negotiations, MAS accepted the responsibility of helping set up integrated households by supplying initial furnishings. This provision is also administered by the MLB, and major furniture is bought from CAPEQ, a sheltered workshop operated by the Quebec government to employ mentally impaired individuals.

Since progress in negotiations occasionally had undue delays, PN found it helpful to collaborate with the media in placing indirect pressure on MAS to reach a desired decision. A well-known social commentator wrote a long article in the local newspaper explaining not only the quality of life improvements which would be gained, but stressing particularly the financial savings to the government that can be achieved with independent living, as opposed to institutional costs.(16) The government reacted quickly and allocated $750.- for furniture for each apartment.

These were major breakthroughs for PN, because it meant that MAS recognized the value of normalization through integrated housing, and gave it its support. MAS is carefully monitoring the services

as organized by the MLB, as to their quality, cost and effectiveness, and the evaluations to-date are very positive and strongly reinforce the validity of integration.(17) As has been mentioned in the previous section, MAS was also very supportive in negotiations with the QHC, and has helped to change the social attitudes of that corporation.

At the beginning of the demonstration project, PN approached the umbrella organization of the CLSC's, the Conseil Regional des Services Sociaux et de la Santé (CRSSS) to ask for their collaboration in developing the program and resources that would supplement the housing component of integrated living in the community. Though the CRSSS representative was sympathetic to this type of service, at the time it was not feasible to promote the cause further vis-à-vis the developing CLSC's.

Not until the summer of 1976 could PN turn to the CLSC's and realistically ask them to become involved in helping the handicapped to an independent life-style. As a first step, PN approached the Féderation des CLSC du Québec, and gained the cooperation of its officers. When they realized the potential value of such services, they prepared a campaign to reach the CLSC's and introduce them to the philosophy and requirements of normalization. PN wanted to work with the CLSC's to develop statistical information and budget requirements for achieving practical implementation.

The Féderation convened an initial meeting with directors of CLSC's in Montreal, and later invited PN to present a workshop at the Annual Congress of all CLSC's from Quebec in October 1976. For this presentation, PN and MLB prepared an audio-visual 'diaporama' on the

specific types of services that are presently provided to disabled residents by the integrated housing program of the MLB. This workshop was well attended by more than 50 representatives of CLSC's, and had a strong impact on the participants regarding the potentials of non-institutional living for severely physically disabled persons in the community.(18)

Since then, PN and MLB have collaborated with individual CLSC's in Montreal and its environs to help each center discover the actual service needs in the community, prepare realistic delivery forecasts and submit appropriate budgets to MAS. Interest in the various centers emanates from individuals who have fully realized the benefits of the program, and are willing to take initiatives to make it a reality. For example, PN is working closely with the Valleyfield CLSC which is in the process of defining needs and presenting a budget for home support services. Their program will follow a good precedent for others to follow.

In the Montreal area, the Centers which are advancing the fastest are those that already have an identified client group in their neighbourhood. Three CLSC's that have social housing projects with handicap-occupied units within their territory have begun to provide services to these residents and have taken over the responsibility from the MLB.

The developmental work with the Centers is far from finished at this time, but it will be continued by the established "integrated housing" program of the MLB, who have assisted at the negotiations from the beginning. The Federation of the CLSC's has also become a strong advocate body, and will stimulate its members toward this extension of their service delivery.

In confirmation of the policy and fiscal support of MAS, in April 1977 the Minister announced that a sum of two million dollars has been allocated for the coming year to the CLSC's in Quebec for the purposes of developing home care services for elderly and handicapped persons living in the community.(19) Given this incentive, it is expected that many Centers will be prompt in incorporating home services into their programs, and that future expansion will be smooth since many strong advocates are now involved.

3.6 Integrated housing clientelle

The integrated housing program at the MLB is presently mandated to provide free home services only to disabled tenants who are living in social housing (administered by OMHM or CMHC) and who have passed the application procedures of the Joint Committee for selection. Since the CLSC's will not be bound by such limitations, they will be able to deliver home assistance to a much larger group of disabled persons who urgently require such support.

By July 1977, about 75 disabled persons, mostly between the ages of 21-45 years, are enjoying an independent life-style. Many are receiving house-keeping assistance once a week to help with the more strenuous household duties, and about 20 are receiving regular orderly care, from once-a-week for some to almost twice-a-day for others. The delivery is continually monitored by the MLB, and appears to work adequately. Some severely disabled quadriplegics have managed to cope surprisingly well within this arrangement.

It has been observed that many persons require much less help than they had received in their previous, more protective settings. With the passage of time, they develop greater strength and better abilities to manage on their own, and sometimes demand progressively fewer support services. This is to their advantages as well as ours, because they thus become less dependent on other people. They increase their possibilities of functioning elsewhere in barrier-free settings, and extend immeasureably their scope for normal living.

In the best fulfillment of "normalization", many individuals find private social contacts who can assist them partially or totally with their daily living activities. Many disabled co-habit with able-bodied individuals, receiving not only some physical assistance but, more importantly, gaining an emotional life which adds depth and meaning to their newly-acquired independence and well-being.

This is the real goal of integrated housing: to give disabled individuals the rights and freedoms which enable them to develop satisfying social and emotional relationships, to find stimulation toward motivation and self-confidence, to achieve self-sufficiency to the highest degree possible, and thereby to maximize their human potentail and growth.

Individual human well-being is not a frivolous ambition but a worthy goal which many persons take for granted, but which often has been thoughtlessly denied to weaker individuals, the handicapped included. Though the factors that contribute to that well-being are somewhat abstract and mainly unquantifiable, they must nevertheless be nurtured and given the chance to develop and flourish. The human search for happiness should be available to all.

CHAPTER 4 - OTHER ACTIVITIES TO PROMOTE THE CONCEPT THROUGHOUT QUEBEC AND CANADA

4.1 The viability of an idea

The work of Projet Normalisation was able to be surprisingly effective and far-reaching because it was conceived at a time when its innovative nature was attractive to the progressive socio-cultural climate of the 1970's. The social environment in Quebec and Canada in which PN was able to establish its viability helped to consolidate the efforts toward integration, and the initial successes of the project became reinforcing agents which self-promoted the concept.

The first candidates who were integrated - pioneers, as they were - had very positive experiences and reactions despite the occasional short-lived problems, and they became the best agents for an expanding, realistic development of the program. Their enthusiastic endorsement helped convince not only other severely handicapped persons that a normal life-style was possible, but also the authorities that integrated housing was socially, psychologically and economically effective.

Because PN was the "right idea at the right time", it triggered or coincided with a series of other projects which conveniently extended the field of action onto which PN carried its message.

4.2 Cooperative "La Maison du Possible", Sherbrooke

A cooperative of physically disabled persons was organized in Sherbrooke in 1975, and obtained living accommodations in several accessible apartments and modified homes in the area. However, the cooperative faced a major problem in having the necessary home care assistance for its members. Initially they received support services from the staff of the local hospital, but after negotiations with the local CLSC, they became the first group in the province to secure the involvement of the Center for regular delivery of home assistance. The March 1976 endorsement of the CLSC budget was viewed as a pilot project by MAS, which is monitoring it closely as to requirements, costs, effects etc. MAS thereby made the first definite step in its long-term commitment to de-institutionalize many handicapped individuals and help them to an integrated life-style.

4.3 Centre d'Accueil "Les Habitations Plus", Quebec

Les Habitations Plus is a reception center initially mandated by MAS to set up group homes for disabled individuals in Quebec City. Because PN had on several occasions discussed with the administrators the implementation of integrated housing, the group subsequently asked for and received an Experimental Research Grant from MAS to introduce integrated housing into that city.(20)

The goals of Les Habitations Plus are modeled directly on PN, and use the precedents that have been established elsewhere in the province to move ahead as efficiently as possible.

4.4 Non-profit corporation for housing acquisition

During the course of the project, other avenues for obtaining accessible housing were explored, in order to expand integration beyond the confines of public housing. The 'non-profit corporation program' of the National Housing Act, whereby CMHC supports the formation of non-profit corporations for purposes of acquiring or constructing housing was utilized. An initial effort was made to organize a non-profit corporation for integrated housing, and to visit accessible apartment buildings for possible purchase.

However, an economic feasibility study soon revealed that the rents that would have to be charged were too high for the disabled tenants whom PN was serving. The idea would only be feasible if a rent-supplement could be applied to the handicap-adapted units. Though CMHC does offer a rent-subsidy program,it is a shared federal/provincial agreement and Quebec had not yet signed it. The previous provincial government almost came to some form of rent-subsidy agreement, and the new government will hopefully do so also, as part of a comprehensive housing policy which it will elaborate. This is essential in order to make a greater variety of apartments economically available to handicapped individuals.

But it must be pointed out that a non-profit corporation acquiring housing for the disabled must do so in a way that would preserve the integrated aspect of housing for the disabled, and not create another type of social ghetto for them. It would be best if such a corporation acquire small numbers of accessible apartments in a variety of buildings, in some cooperative ownership, and rent these to the handicapped, so that integration would be preserved. This approach, with a rent subsidy, theoretically appears to be a good prospect for future implementation.

4.5 Task force on Housing in Quebec

In January 1975, a Task force on Housing in Quebec was established to identify the pressing needs and outline future action for housing provision at the municipal and provincial as well as private and non-profit enterprise levels. PN took advantage of the Task force hearings and made a presentation to the group regarding the requirements of integrated, accessible and adapted dwelling units for disabled individuals throughout the province.(21) MAS also presented a brief to them, which included the needs of integrated housing as put forth by PN.(22)

When the Task force published the report "Habiter au Québec" in January 1976, specific mention was made of the need to respect the integrated housing principles to serve the handicapped population, and general recommendations were included for the provision of adapted apartments throughout the province.(23)

4.6 L'Association des Offices Municipaux d'Habitation du Québec (AOMHQ)

Following the success of the PN collaboration with the Office Municipal d'Habitation de Montréal (OMHM), representatives from that office organized a meeting with the AOMHQ in order that PN could explain the objectives of integrated housing to a larger group of persons who would become instrumental in providing accessible and adaptable housing for the disabled in their respective communities. PN talked to about 35 municipal officers from across the province who have thus been sensitized to the 'normalized' existance of disabled persons.

The meeting was followed by a special edition of the AOMHQ monthly "Bulletin d'Information"[24] which goes to about 85 municipal offices. The edition included a reprint of "Beyond Tokenism"[25], a review of the discussion which had taken place, and comments about the successful experience that had been demonstrated in Montreal.

This broder development of awareness touching all the municipalities in the province, when coupled with the new design standards which QHC has adopted for social housing, should ensure that handicap accessible and functional apartments, at an affordable rent, will be available whenever new municipal housing is built.

4.7 Conference on "Accommodation and Essential Support Services for the Physically Disabled"

The Canadian Rehabilitation Council for the Disabled (CRCD) is an umbrella organization for a large group of service agencies helping the disabled across Canada. In the past few years, it has expanded its focus regarding their responsibility for developing programs to respond more adequately to the present needs of the Canadian handicapped population. Because accommodations and the accompanying support services pose a major problem for a large portion of the handicapped, CRCD convened a conference on this topic in December 1976.

Eight months prior to the conference, CRCD asked each province to set up a Task force which would review the existing situation in the province, present a position paper and prepare recommendations

for national consideration. The Quebec Task force was headed by the PN team, which provided the opportunity to bring together persons in the province who are working on behalf of the disabled along with individuals who are in decision-making positions, to set up dialogue and to familiarize them with the implementation of integrated housing.

The Task force Report supported the aims of integrated housing, and was able to bring the Quebec experience to the national awareness of 150 people who attended the conference in Edmonton.(26) In addition to a Resumé of the Task force Report, PN presented a paper on "Alternate Housing"(27) accompanied by a slide show on "Integrated housing for Quadriplegics". This slide presentation remains a permanent documentary tool, which has been presented to government and private agencies, academic and professional groups, conferences and public lectures.(28)

The conference endorsed a series of resolutions, the final one calling for the creation, by CRCD, of a National Housing Committee, with representatives from all provinces, which would work on improving the accommodation options of the handicapped minority. The major objectives of the committee are to develop and promote, in conjunction with CMHC, a national housing policy for the handicapped that would assure greater well-being through appropriate housing for the disabled.

CHAPTER 5 - POLICY FOR HANDICAPPED PERSONS IN QUEBEC

5.1 White paper: Policy proposal regarding handicapped persons

In April 1977, MAS presented a Whipe paper which explains the philosophy behind new programs that are proposed for the disabled population of Quebec, and outlines the policies that the Quebec government intends to pursue in the future.

In the area of housing and support services, the White paper endorses the concepts advanced by PN over the last three years, and proposes integrated housing as a positive alternative to the accommodation problem of disabled individuals and families. This provides gratifying evidence that PN has made a permanent contribution to affecting social change as reflected in the attitudes and new programs of the government.

5.2 Bill No. 9: An act to secure the handicapped in the exercise of their rights.

In June 1977, Bill No. 9 was tabled in the Quebec National Assembly, a legislation proposal meant to translate the policies of the White paper into specific programs. It outlines amendments to the Quebec Housing Corporation Act which will ensure the future provision of integrated dwelling units adapted for handicap occupancy.

At the same time, new top executives were named to head the QHC. One of these has been a member of the Quebec Task force on "Accom-

modations and Support Services for the Physically Disabled", and is well-versed in the life-style needs of disabled citizens. Doubtless he will be strong in putting forth policies that will benefit the disabled equally alongside the able-bodied.

Thus the concept to improve the quality of life of disabled persons through integration in housing accommodations has become a reality.

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FOLLOW-UP STUDY OF CANDIDATES by Margaret Golds, M.S.W.

1. Purpose of study

An evaluative component was included in the pilot project scheme in order to test the validity of goals and assumptions of Projet Normalisation. The focus of the present evaluative study is to measure the outcome of life experiences of integrated and non-integrated candidates against the intended objectives of the demonstration. The goal fulfillments pf PN have been well documented in the preceding chapters, but it is necessary to clarify the specific areas of success and failure in light of the actual experience of the candidates themselves.

The present study is the final in a series of four reports which monitored the three-year activities of PN. The on-going efforts of the project were documented along with the results of those efforts in respect to the rpoject goals. The previous reports were broader in scope since they included a full range of efforts that were made in order to ensure the permanent success of PN.

This follow-up study of the candidates, however, examines in greater detail one specific area of the activities of the project. It reveals the nature and purpose of the target sample and outlines the methodology employed in the evaluation of the candidates. For the purpose of camparison, a description of all the candidates at the time of initial evaluation is provided. The results of the effect of integrated housing are then given with particular emphasis on the financial aspect and the quality of life developments. Conclusive observations can be made only to the limited degree that the project participants were representative of the population to which the demonstration was oriented.

1. Target population

The individuals to be integrated were quadriplegics who had suffered a traumatic spinal cord injury and were between the ages of 18 and 45 years. The rationale for the selection of this specific target group was two-fold. First, it was to demonstrate that if young severely disabled persons could be reintegrated into the community, this would start changing prevailing attitudes, and disabled persons would be better accepted as having full and useful lives. Second, the nature and degree of the disability - spinal cord injury at a high cervical level - was chosen as a criterion in order to control the variables of physical impairement which would have to be considered in the evaluation. Factors such as insufficient social development and lack of use of normal institutions, which affect those suffering from disabling diseases, make it more difficult to measure the effect of integrated housing. Furthermore, individuals who suffer paralysis as a result of an accident reach a stage of relative stability in their physical ability to function. Thus the nature of traumatic quadriplegia provides an even and definable basis on which to evaluate cause and effect.

2. Project goals

The two major objectives of Projet Normalisation were to develop housing for a defined number of severely disabled persons and to coordinate and expand existing services for this population. The underlying assumptions included the belief that it is less costly to maintain the disabled in the community than in an institution, and that independent living enhances the quality of life and pre-

vents physical as well as mental deterioration. The follow-up study of the candidates will reveal the extent to which these assumptions were valid and attained.

The philosophy of the demonstration project was based on the principle of normalization. A description of the experiences of the candidates following their participation in integrated housing brings this conceptual level to a living reality.

3. Methodology

The original research program was to monitor a sample of thirty individuals selected from the target population for the duration of the three-year project. At the initial stage, fifty-eight potential candidates were found to fulfill the criteria for the experimental housing project. However, thirty-five individuals had to be eliminated because either they were not interested in participating or they already lived in some form of satisfactory housing. Since the integrated housing model used in the pilot project included adapted units, furnishings and home care services, it was deemed appropriate to allow individuals who could not find suitable living accommodations in the community the opportunity to experience integrated housing. This decision also facilitated the evaluation of the project.

Therefore twenty-three original candidates comprised the sample group and were followed for a three-year period. Although an additional sixty-six disabled persons were moved into integrated housing as units and services became available during the development

of the pilot project, for the purpose of research and continuity only the original sample have been included in this report. The Quebec Ministry of Social Affairs is evaluating the results of the broader integrated housing program which has now become a definite policy of the government in planning services for the physically handicapped. The next Evaluation Report, prepared by the Maison Lucie Bruneau, will be available in September 1977.

The method of follow-up of the original participants in Projet Normalisation included two questionnaires and several personal interviews. The first questionnaire was used to determine potential candidates for integrated housing. The data obtained from this lengthy questionnaire is summarized in Table 1. A second questionnaire was designed to focus on areas that would provide a basis for comparison in change of life-style. These included satisfaction with housing and services, employment, income, educational aspirations and socialization. The second questionnaire was administered before the candidates moved into integrated housing and at approximately six-month intervals following integration. The results of the interviews and questionnaires are discussed in section 6 of this evaluation report.

4. Initial description of the candidates

The ages of the sample group fell within the boundaries established for the project criteria at its initial definition in June 1974. The ages varied from 20 to 45 years, the mean age being 27.3 years. All the candidates were male with the exception of one female.

The degree of disability was severe in all cases, although the ability of functioning of the upper body varied from partial to total paralysis. The spinal cord injuries were the results of diving or car accidents, and the candidates had been disabled from two to ten years of their life. As a result of the individual variance in permanent nerve damage, the need for services varied widely. Every candidate was confined to a wheelchair, but 67% were able to transfer themselves to the chair, bed, toilet or car. The rest needed physical assistance in order to bathe, dress and be transferred. Similarly, the need for orderly services varied. The majority 61% needed assistance with their bladder and bowel functions, but 39% were able to handle these themselves and three of the candidates did not even require assistance with bathing.

The need for housekeeping services varied according to the environment in which the candidate was living at the time of the initial interview. Since most were living either with their family or in an institution, this question was speculative in nature. The majority of the candidates were male and young, and had never learned to cook prior to their accident. They thus faced the additional difficulty of learning a new skill within their physical limitations. However, as the results of the study will show, being a male and being handicapped does not negate the possibility of becoming a good chef. All of the candidates did need help with major housecleaning such as washing floors and inaccessible cupboards and walls.

The educational background of the candidates varied widely enough to represent fairly accurately the total population of young physically disabled persons. Five candidates had never finished primary school and eight others had reached grade 12 or less in high school.

Six candidates were in CEGEP (College d'Enseignement Géneral et Professionel) at the time of the interviews, and three who had completed CEGEP were attending universities in various fields. Only one handicapped candidate was enrolled in a trade school.

The one constant factor in all cases was that no candidate was employed at the time of the selection, although 83% had had previous jobs. Similarly, the annual income of all the candidates was low, since none exceeded $5000.00. This figure reflects the common attitude that the handicapped are unemplyable.

The final characteristic that was examined in detail was the candidates' satisfaction with their present housing status. The majority, or 69%, were living in institutions. Seven of these were in chronic care hospitals and the remainder lived in a residential facility for the physically handicapped. All the candidates had completed the physical stage of their rehabilitation process although psycho ogically they still felt a great deal of insecurity. All except three of the potential candidates expressed a desire to participate in integrated housing. (In one case an older man had accepted the convenience of an institution and on weekends drove home to the country where his family lived. A second candidate recognized that he was not ready for integration, and a third single man was satisfied to live in a relatively accessible apartment at low rent since he received a permanent disability pension.)

Table 1 - Profile of original candidates

candidate	age	duration of disability	orderly services required	housekeep. services required	education	employment	annual income	source of income	present housing	desire to move
1	26	7 yrs.	2xday	3xday	gr. 12	no	180.-	soc.aid	chronic hos.	yes
2	27	8 yrs.	3xweek	1xmo.	gr. 11	no	2200.-	disabil. pens.	apart. single	no
3	24	2 yrs.	1xweek	1xweek	1st yr. univ.	no	2150.-	bursary	recept. center	yes
4	21	3 yrs.	none	1xweek	1st yr. CEGEP	no	1100.-	social aid	family	yes
5	35	6 yrs.	2xday	3xday	gr. 8	no	480.-	social aid	recept. center	yes
6	27	3 yrs.	3xweek	1xweek	gr. 8	no	1200.-	social aid	family	no
7	30	6 yrs.	2xday	3xday	gr. 9	no	180.-	social aid	chronic hos.	yes
8	29	4 yrs.	none	none	1st yr. univ.	no	5000.-	U.I.C.	apart. shared	no
9	20	3 yrs.	1xweek	none	gr. 12	n0	0	family support	family	no
10	25	6 yrs.	3xweek	3xday	gr. 7	no	180.-	social aid	chronic hos.	yes
11	30	9 yrs.	2xday	3xday	gr. 7	no	480.-	soc.aid /emplo.	chronic hos.	yes
12	45	10 yrs.	2xday	3xday	gr. 11	no	180.-	social aid	chronic hos.	no

Table 1 - cont'd

candidate	age	duration of disability	orderly services required	housekeep. services required	education	employment	annual income	source of income	present housing	desire to move
13	30	7 yrs.	none	none	gr. 6	no	3490.-	U.I.C.	apartm. married	yes
14	30	8 yrs.	2xday	3xday	gr. 7	no	180.-	social aid	chronic hos.	yes
15	24	4 yrs.	1xweek	2xweek	2nd yr CEGEP	no	4500.-	U.I.C.	recept. center	yes
16	28	4 yrs.	3xweek	2xweek	2nd yr CEGEP	no	4500.-	U.I.C.	recept. center	yes
17	24	2 yrs.	3xweek	1xweek	gr. 8	no	4800.-	insurance	family	yes
18	25	4 yrs.	1xweek	1xweek	1st yr univ.	no	1800.-	bursary	recept. center	yes
19	22	4 yrs.	3xweek	1xweek	3rd yr CEGEP	no	2100.-	social aid	recept. center	yes
20	22	5 yrs.	3xweek	1xweek	1st yr CEGEP	no	1800.-	bursary	recept. center	yes
21	28	7 yrs.	1xweek	1xweek	gr. 5	no	3000.-	insurance	recept. center	yes
22	23	4 yrs.	2xday	1xweek	3rd yr CEGEP	no	1800.-	bursary	recept. center	yes
23	24	4 yrs.	2xday	2xweek	1st yr univ.	no	1800.-	bursary	recept. center	yes

5. Financial aspect

One of the underlying assumptions behind the major objectives of Projet Normalisation was that providing services to disabled individuals living in the community would prove less costly than maintaining them in institutions. On the average, the data obtained in this demonstration substantiates that hypothesis. However, several factors have to be considered before one can generalize and make economic judgements with any degree of accuracy.

First, the project participants' need for services, and subsequently their cost, varied significantly. In spite of the initial attempt to select a sample of severely disabled persons that shared common characteristics, the requirements for individual home care programs varied dramatically. As Table 2 shows, the weekly cost of providing services ranges from no cost at all to $279.00 at the extreme end of the scale. Obviously, if all quadriplegics needed as much service as the latter case, then the model of integrated housing proposed in Projet Normalisation would have to be questioned in terms of practicality. However, the average weekly cost for services proved to be far less than the amount it costs the government to care for the disabled in institutional settings. The majority of cases cost $72.00 a week of less, and four persons no longer require any services at all. Prior to their move into integrated housing, they were in a reception center at an average per diem rate of $30.00.

One of the most interesting findings of the demonstration project which can be appreciated in gross economic terms is that many of the candidates progressively fewer services as their period of integration increases. The candidates who now live completely inde-

pendently at first requested services from one to three times a week. As they felt more secure, and had the opportunity to learn to solve problems without help, they became more able and less "handicapped".

Second, a situation that plays a significant role in the factor of cost is the geographic aspect. Since the pilot project was initially conducted on a very small scale and yet dispersion of candidates was encouraged, the services had to extend over a large territory. Table 3 provides a map of the distance that were covered. As a greater number of disabled persons became integrated and five additional housing projects contained adapted units, the difficulty of coordinating distances and services decreased.

Third, it must be pointed out that the current system of delivering the services is a transitional one. At the outset of the project, the PN team pin-pointed the Local Community Service Centers (CLSC) to be the proper vehicles for service delivery to meet the needs of the disabled in integrated housing. However, until those Centers can fulfill this particular mandate, a private home care agency has had to be employed and its hourly rates are higher than those of a public service. As the local community Centers assume the role provided by the private agency, and as the numbers of diabled living in the community increase, the transportation problem will be reduced and the cost of providing the service component will decrease.

Table 2 - Cost of Home Care Services to Integrated Housing Candidates

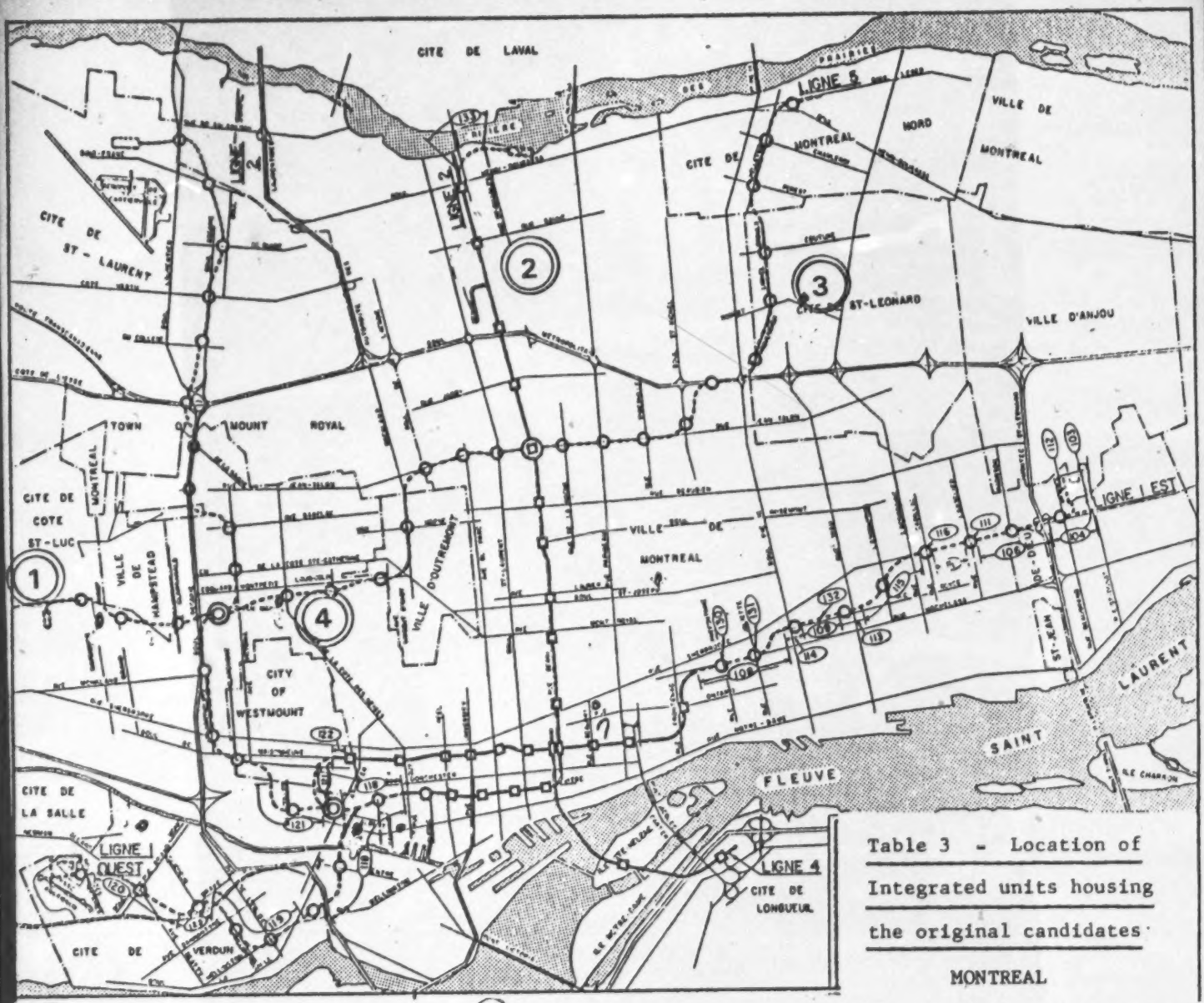
	Candidate	Weekly cost of services
1	# 3	$ 60.00
2	# 13	0
3	# 15	0
4	# 17	60.00
5	# 16	0
6	# 18	0
7	# 19	60.00
8	# 20	72.00
9	# 21	48.00
10	# 22	279.00
11	# 23	123.00
	Total	$ 702.00

Average weekly cost of home care services per individual = $ 63.82

Cost of provision of services in institutions

Average weekly cost of a resident in a Reception Center = $210.00

Average weekly cost of a patient in a Chronic Care Hospital = $343.00



(1) Habitation Mayfair
(2) Habitation BerriLajeunesse
(3) Place Robert
(4) Habitation Cote-de-Neiges

Table 3 - Location of Integrated units housing the original candidates

MONTREAL

0 1 2 3 4 5 6 km.
scale

6. Quality of life

Another assumption underlying Projet Normalisation was that independent living enhances the quality of life and prevents physical, psychological and mental deterioration. The results of the follow-up interviews provide rich examples of the actualization of this goal.

At the more visible, environmental level, there is every indication that the candidates have found a means to define and express themselves and have developed a sense of belonging. Although the furnishings were provided by the project, the participants have developed a context for themselves that is unique, personal and delightful.

The candidates were evaluated to determine the degree to which they began to interact with new acquaintances and with the community, this being one measure of integration. With two exceptions, all the candidates definitely increased the number of social visits they made and received, the theatres, cinemas and bars they frequented, and the majority found a girlfriend! Not only did their socialization and mobility increase, but they all attested to the quality of experiences they could enjoy in the privacy of their own home. At first many were hesitant to reach out for new resources, but as their confidence grew so did their capability to enjoy life. A few candidates interacted with their neighbours, and although they were readily accepted, the relationships only developed to the same degree that they do in normal apartment buildings.

The candidates have developed interests in activities that were less available to them in institutions. These include cooking, de-

corating, reading and music without the distractions and frustrations regularly found in institutional or family settings. Most of the individuals have progressed in their career and educational interests. Four of the candidates are still completing their undergraduate work, two have found employment and one has graduated with a B.S.W. this spring. Another candidate is in his second year of law, and the most severely disabled individual who writes with a pen in his mouth has just been accepted by a firm to do his field work in accounting. The candidate that was attending a trade school has now obtained his certificate in watch repair and has begun to study jewellery making.

Two of the integrated candidates have not been anle to overcome their feelings of insecurity and will require psycho-social assistance in order to benefit from integrated living. However, in spite of their difficulties, they do not want to return to the comfort of the institutional life.

In general, the other candidates who did not experience integration are in a similar position to that of three years ago, although some have made progress on their own. Most are still living in the protection of family or institution, and their educational and career interests have not developed. They continue to express the same fears of being alone, and the candidates who are living in the chronic care hospital appear to be "institutionalized" to the point where they no longer want to contemplate moving into unprotected settings.

The eleven candidates who participated in the pilot project along with the other sixty-six persons who have experienced life in an integrated setting have demonstrated the viability and value of

the normalization principle. They are the living pioneers of the philosophy of the PN team that even severely physically disabled persons, if given the opportunity, will exercise their freedoms of choice and action and will strive to develop to their full potential.